



Salish Kootenai College

Box 70
Pablo, MT 59855
Ph. (406) 275-4800
Fax (406) 275-4801



APPLICATION FOR EMPLOYMENT

SPECIFIC POSITION YOU ARE APPLYING FOR: _____

OTHER POSITION(S) YOU WISH TO BE CONSIDERED FOR: _____

NAME: _____ SS#: _____
Last First Middle

MAILING ADDRESS: _____
No. & Street or P.O. Box No. City State Zip Code

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ MESSAGE PHONE: _____

ARE YOU ENROLLED IN THE CS&K TRIBES: Yes _____ No _____ Enrollment No.: _____
If yes, attach documentation.

ARE YOU ENROLLED IN ANOTHER FEDERALLY RECOGNIZED TRIBE: Yes _____ No _____
Name of Tribe: _____ Enrollment No.: _____
If yes, attach documentation.

ARE EITHER OF YOUR PARENTS ENROLLED IN A TRIBE: Yes _____ No _____
Name of Tribe: _____ Enrollment No.: _____
If yes, attach documentation.

ARE ANY MEMBERS OF YOUR IMMEDIATE FAMILY (husband, wife, son, daughter, father, mother, brother, sister, grandfather, grandmother, grandson, granddaughter) CURRENTLY EMPLOYED BY SKC: Yes _____ No _____ If yes, complete the following:

Name of Relative	Position Held	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS THAT MAY PREVENT YOU FROM PERFORMING THE JOB YOU ARE APPLYING FOR: Yes ___ No ___ If yes, please explain:

DO YOU HAVE A VALID DRIVER'S LICENSE: Yes ___ No ___ If not, is there anything that may prevent you from being eligible for a license: Yes ___ No ___ If yes, please explain: _____

DRIVER'S LICENSE NUMBER _____ DRIVER'S LICENSE STATE _____

HAVE YOU BEEN TERMINATED FROM A JOB IN THE LAST FIVE YEARS: Yes ___ No ___ If yes, please explain: _____

EDUCATION 1. Circle highest grade completed: Grade School: 1 2 3 4 5 6 7 8
High School: 1 2 3 4
College: 1 2 3 4
Graduate School: 1 2 3 4

Name of High School: _____ Did you graduate: Yes ___ No ___

2. Name of college: _____ Did you graduate: Yes ___ No ___

Major: _____ Minor: _____

Year Graduated: _____

Name of graduate school: _____ Year Graduated: _____

Major: _____

3. Any apprentice or trade school training: Yes ___ No ___ What type: _____

4. Correspondence school: Yes ___ No ___ What type: _____

5. If you did not receive a degree, diploma, or certificate, indicate the total semester or quarter credits received and major subjects studied: _____

6. If you have any other type of education or training, please describe: _____

7. What is the lowest salary you will accept: _____

8. If selected, when will you be available: _____

EMPLOYMENT HISTORY OR ATTACH CURRENT RESUME:

A) Present or Last Employer Address
Duties: _____
From: _____ To: _____ Reason for Leaving _____

B) Next Previous Employer Address
Duties: _____
From: _____ To: _____ Reason for Leaving _____

C) Next Previous Employer Address
Duties: _____
From: _____ To: _____ Reason for Leaving _____

D) Next Previous Employer Address
Duties: _____
From: _____ To: _____ Reason for Leaving _____

E) Next Previous Employer Address
Duties: _____
From: _____ To: _____ Reason for Leaving _____

NOTE: IF NECESSARY, EMPLOYMENT HISTORY MAY BE CONTINUED ON A SEPARATE SHEET OF PAPER.

LIST YOUR KNOWLEDGE, SKILLS, AND ABILITIES THAT YOU FEEL WOULD QUALIFY YOU FOR THE POSITION(S) YOU ARE APPLYING FOR:

Skill	<u>How Obtained and How Long Practiced</u>

LIST THREE REFERENCES WHO ARE NOT RELATIVES. PLEASE NAME PEOPLE WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS, WORK HABITS, CHARACTER AND RELIABILITY.

<u>Name of Reference</u>	<u>Position</u>	<u>Address and Phone No.</u>	<u>Email Address</u>

PLEASE BE SURE THAT YOU HAVE SUBMITTED ANY OTHER ADDITIONAL INFORMATION REQUESTED IN THE VACANCY ANNOUNCEMENT (typing test results, resume, letters of recommendation, teaching certificate, proof of driver’s license, etc.).

I certify that this application contains full, complete and accurate information concerning my qualifications for employment with the Salish Kootenai College (SKC). I understand it is the policy of Salish Kootenai College that my qualifications for employment are made only on the basis of information provided by my application. I authorize investigation of all facts contained in this application. I understand that falsification or misrepresentation is grounds for immediate dismissal if I am hired.

Signature of Applicant

Date Signed

IF, FOR ANY REASON, YOU DECIDE NOT TO BE CONSIDERED FOR EMPLOYMENT, PLEASE CONTACT THE SALISH KOOTENAI COLLEGE AT 275-4800.

Notice of Availability of the Annual Security Report

You can obtain a copy of Salish Kootenai College’s Annual Security report by contacting the Auxiliary Services Department or by accessing the following web site www.skcc.edu/safety. This report includes statistics for the previous three years concerning reported crimes that occurred on-campus; in certain off-campus buildings or property owned or controlled by Salish Kootenai College; and on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security, such as policies concerning sexual assault, and other matters.